

Apr-28-2014 02:45 PM STPGOV President's Office 985-898-5237

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2014 APR 28 PM 2:56  
RECEIVED**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)**☒ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement.

As such, I have completed SCHEDULE L.

**This Report Covers Calendar Year:** 2013☒ ORIGINAL REPORT☐ AMENDED REPORT☐ FINAL REPORT WHERE TERM ENDS IN JANUARY (JANUARY 1 THROUGH JANUARY ☐ )Final reports must be filed on or before May 15 of the year in which your service to that office ends.  
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.**Office/Position Held:** St. Tammany Parish President**Name of Filer** (print full name) Patricia Phillips BristerMailing Address 108 Audubon LaneCity, State, Zip Mandeville, LA 70471**Name of Spouse** (print full name) \_\_\_\_\_Spouse's Occupation Joseph Stanley BristerSpouse's Principal Business Address 108 Audubon LaneCity, State, Zip Mandeville, LA 70471**Check all that apply:**☐ I have filed my state income tax return for the previous year.☒ I have filed for an extension of my state income tax return for the previous year.☐ I have filed my federal income tax return for the previous year.☒ I have filed for an extension of my federal income tax return for the previous year.☐ I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.**Certification of Accuracy**

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Patricia L. Brister  
Signature of FilerSworn to and subscribed before me this 28<sup>th</sup> day of April, 2014.Kelly M. Babalais  
Notary Public (print name)Kelly M. Babalais  
Notary Public (signature)ID# 26705Date Commission Expires at death

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title: <u>President</u>	
Name of Employer: <u>St. Tammany Parish</u>	
Address: <u>P. O. Box 628</u>	
City, State, Zip: <u>Covington, LA 70434</u>	
Job Description: <u>Chief Executive Officer of Executive Branch of Government</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title: _____	
Name of Employer: _____	
Address: _____	
City, State, Zip: _____	
Job Description: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title: _____	
Name of Employer: _____	
Address: _____	
City, State, Zip: _____	
Job Description: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title: _____	
Name of Employer: _____	
Address: _____	
City, State, Zip: _____	
Job Description: _____	

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule B: Positions - Business**☒ Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule C: Positions - Nonprofit**☒ Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: _____
Address: _____
City, State, Zip: _____
Nature of Association: _____
Description of Organization: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: _____
Address: _____
City, State, Zip: _____
Nature of Association: _____
Description of Organization: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: _____
Address: _____
City, State, Zip: _____
Nature of Association: _____
Description of Organization: _____

\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.

Revised December 2012

Form 416A

[www.ethics.state.la.us](http://www.ethics.state.la.us)

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule D: Income from the State, Political**☐ Check if not applicable**Subdivisions, and/or Gaming Interests**☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming InterestName of Business (if applicable): St. Tammany ParishName of Income Source: St. Tammany ParishAddress: P. O. Box 628City, State, Zip: Covington, LA 70434Amount of Income (exact dollar amount): \$ 147,778.56☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

## Schedule E: Income Received from Employment

☒ Check if not applicable

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Source of Income: _____			
Address: _____			
City, State, Zip: _____			
Nature of Services Rendered (pursuant to such employment): _____			
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999)			
<input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			

  

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Source of Income: _____			
Address: _____			
City, State, Zip: _____			
Nature of Services Rendered (pursuant to such employment): _____			
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999)			
<input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			

  

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Source of Income: _____			
Address: _____			
City, State, Zip: _____			
Nature of Services Rendered (pursuant to such employment): _____			
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999)			
<input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			

\* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

\* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

\* Income received through self-employment is reported on SCHEDULE F.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule F: Income Received from  
Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000)    ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)    ☒ Category IV (more than \$100,000)

☐ Filer    ☒ SpouseName of Business: Belle Maison Nursing HomeAddress: 15745 Medical Arts PlazaCity, State, Zip: Hammond, LA 70403

Nature of services rendered OR

reason income was received: Board of Directors' Fee and Profit Sharing☐ Filer    ☐ Spouse

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered OR

reason income was received: \_\_\_\_\_

☐ Filer    ☐ Spouse

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered OR

reason income was received: \_\_\_\_\_

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

**LOUISIANA BOARD OF ETHICS**

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**Schedule G: Other Income**☐ Check if not applicable (any other income that exceeds \$1,000 from each source)☒ Filer ☐ SpouseDescription of Income: Board of Directors' Fee - Federal Home Loan Bank of DallasNature of services rendered or  
reason income was received: Member Board of DirectorsAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☒ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: \_\_\_\_\_

Nature of services rendered or  
reason income was received: \_\_\_\_\_Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: \_\_\_\_\_

Nature of services rendered or  
reason income was received: \_\_\_\_\_Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\*You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

\*Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.



**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule H: Immovable Property**

(a property that exceeds \$2,000 in value)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: US State: Louisiana Parish/County: St. Tammany**Description of Property:**108 Audubon Lane, Mandeville, LA 70471 - Primary ResidenceFair Market or  
Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: US State: Louisiana Parish/County: St. Tammany**Description of Property:**110 Audubon Lane, Mandeville, LA 70471 - Vacant LotFair Market or  
Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: US State: Florida Parish/County: Okaloosa**Description of Property:**15000 Emerald Coast Parkway, Destin, FL - Vacation HomeFair Market or  
Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

\* You are required to disclose the location by country, state, and parish/county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule I: Investment Holdings**

(an investment holding that exceeds \$5,000)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both

Name of Security:

Citibank, NA

Description of Security:

Stock

☐ Filer ☐ Spouse ☒ Both

Name of Security:

Comdisco Holding Co.

Description of Security:

Stock

☐ Filer ☐ Spouse ☒ Both

Name of Security:

WalMart Stores, Inc

Description of Security:

Stock

\* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

\* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule I: Investment Holdings**

(an investment holding that exceeds \$5,000)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both

Name of Security:

Black Rock International

Description of Security:

Stock

☐ Filer ☐ Spouse ☒ Both

Name of Security:

Eaton Vance Tax MGD Equity Fund

Description of Security:

Equity Fund

☐ Filer ☐ Spouse ☒ Both

Name of Security:

DWS Muni Income Trust

Description of Security:

Mutual Fund

\* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

\* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule I: Investment Holdings**

(an investment holding that exceeds \$5,000)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both

Name of Security:

Center Coast MLP Focus

Description of Security:

Mutual Fund

☐ Filer ☐ Spouse ☒ Both

Name of Security:

Putnam Tax-Ex Income

Description of Security:

Mutual Fund

☐ Filer ☐ Spouse ☒ Both

Name of Security:

Electronic Data Systems, Inc.

Description of Security:

Stock

\* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

\* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule I: Investment Holdings**☐ Check if not applicable

(an investment holding that exceeds \$5,000)

☐ Filer ☐ Spouse ☒ Both

Name of Security:

Ford Motor Company

Description of Security:

Stock

☐ Filer ☐ Spouse ☒ Both

Name of Security:

Northern States Power Co.

Description of Security:

Stock

☐ Filer ☐ Spouse ☒ Both

Name of Security:

U S West Communications Inc.

Description of Security:

Stock

\* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

\* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule I: Investment Holdings**☐ Check if not applicable (an investment holding that exceeds \$5,000)☐ Filer ☐ Spouse ☒ Both

Name of Security:

Tangipahoa Parish La. Hospital Service District 1 Bonds

Description of Security:

Bonds

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

\* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

\* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule J: Transactions**☒ Check if not applicable

(a transaction that exceeds \$5,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule K: Liabilities**☒ Check if not applicable

(a liability that exceeds \$10,000)

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

\*You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

\*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

\*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

\*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

\*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

\*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

\*\*"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).



**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

## Schedule L: Other Offices/Positions Held

☐ Check if not applicable

<b>Name of Office/Position:</b> Member of St. Tammany Parish Economic Development District
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____

\*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule M: Positions - Business**

☒ Check if not applicable (to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

☐ Filer ☐ Spouse ☐ Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ %

\* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

\* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule N: Income from the State  
and/or Political Subdivisions**☒ Check if not applicable(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Information disclosed on SCHEDULE D does not have to be restated on SCHEDULE N.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule O: Income from a  
Governmental Entity**☒ Check if not applicable(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Governmental Entity: _____
Nature of Contract/Sub-Contract: _____
Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Governmental Entity: _____
Nature of Contract/Sub-Contract: _____
Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Governmental Entity: _____
Nature of Contract/Sub-Contract: _____
Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Governmental Entity: _____
Nature of Contract/Sub-Contract: _____
Value (of thing of economic value) Derived: _____

\* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

\* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

\* "Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).